

2023 Legislative Biennial Budget Comparison — March 27, 2023

On March 27, the Washington State House released its proposed legislative budget for the 2023-25 biennium. The chart below highlights WSHA’s budget priorities, as well as other items of interest to hospitals and health systems, in comparison to the Senate proposal from March 23 and the governor’s budget released in December 2022.

The charts below list state funds and total funds, which includes a sum of general funding from the state (listed as “GFS” below) and other funds, such as federal funds or funds derived from fees or local intergovernmental transfers.

Our top budget priorities for this budget include:

- **Hospital Safety Net Assessment Program**
- **Difficult to discharge**
- **Health care workforce investments**
- **Behavioral health investments**

Hospital Safety Net Assessment Program

Budget Item Description	Governor’s budget (12/14/22)	House proposal (3/27/23)	Senate proposal (3/23/23)	WSHA Position
The Hospital Safety Net Assessment Program allows the Health Care Authority (HCA) to collect assessments from hospitals and use the proceeds, along with federal match for enhanced payment to hospitals for Medicaid services.		Legislation reflects the recent agreement.	Legislation reflects the recent agreement.	Strong Support – WSHA priority

Difficult to discharge investments (DSHS long-term care, developmental disabilities administration)

Budget Item Description	Governor’s budget (12/14/22)	House proposal (3/27/23)	Senate proposal (3/23/23)	WSHA Position
Continue the rapid response nursing team program until June 30, 2024, to provide staffing teams for long-term care facilities facing workforce shortages.	\$17.4 M – GFS \$34.8 M – Total	\$17.4 M – GFS \$34.8 M – Total	\$17.4 M – GFS \$34.8 M – Total	Strong Support – WSHA priority
Operations for nursing facility services in Transitional Care Center of Seattle . One FTE position for complex	\$41 M – GFS \$82 M – Total	\$41 M – GFS \$82 M – Total	\$41 M – GFS \$82 M – Total	Strong Support – WSHA priority

<p>transition planning to home and community-based settings.</p>				
<p>Institutional transitions to help Medicaid patients transition from acute care hospitals, state hospitals and community psychiatric hospitals into settings in the community with more appropriate levels of care. The Governor’s Institutional Transitions budget package was a combination of three agency decision packages: Acute Care Hospital Long Length of Stay, Behavioral Health Transitions, and Housing Expansion.</p> <p>The Acute Care Hospital elements included: specialty dementia care (SDC) slots, community stability supports (CSS) slots, TBI slots, non-citizen slots, and 5 FTE to coordinate placements.</p> <p>The Behavioral Health Transitions package included \$791,000 in staff costs for helping people transition out of state hospitals.</p> <p>The Housing Expansion elements included: Rental subsidies for people leaving nursing homes, state hospitals, and acute care hospitals, an interim housing pilot, and program staff.</p>	<p>\$10.9 M – GFS \$12.9 M – Total</p>	<p>Rental subsidies: \$2.1 M – GFS \$139,000 – Total</p> <p>Interim housing: \$2.8 M – GFS/Total</p> <p>Community placement incentives (SDC slots, CSS slots, <i>TBI slots</i>, and 5 FTE): \$5 M – GFS 10.1 M – Total</p> <p>Behavioral health transitions: \$784,000 – GFS \$1.5 M – Total</p> <p>Non-citizen slots: \$1.8 M – GFS \$1.8 M – Total</p>	<p>Community housing transitions (leaving state hospitals): \$3.6 M – GFS \$4.4 M – Total</p> <p>Community placement incentives (SDC slots, CSS slots, and 5 FTE): \$2.6 M – GFS \$5.3 M – Total</p> <p>Behavioral health transitions: \$791,000 – GFS \$1.5 M – Total</p> <p>Non-citizen slots: \$1.8 M – GFS \$1.8 M – Total</p> <p>Not funded: TBI slots, rental subsidies for those leaving nursing homes and acute care hospitals, and interim housing pilot.</p>	<p>Strong Support – WSHA priority</p>

Funding to HCA to implement 2SSB 5103 regarding payment to hospitals for Medicaid patients in acute care beds without medical need.	N/A	Not funded	<i>To be determined</i>	Strong Support – WSHA priority
Taskforce and multi-site difficult to discharge pilot program to address challenges faced with discharging patients from acute care and post-acute care capacity (including incentive payments, administrative support, and HCS assessment).		HCA: \$13.4 M – GFS; \$13.7 M – Total DSHS: \$865,000 – GFS; \$1.5 M – Total OFM: \$1 M – GFS/Total UW: \$205,000 – GFS/Total (3 sites)	HCA: \$22.3 M – GFS; \$22.5 M – Total DSHS: \$1.3 M – GFS; \$2.7 M – Total OFM: \$1 M – GFS/Total; UW: \$205,000 – GFS/Total (5 sites)	Strong Support
16-bed Traumatic Brain Injury facility in a community-based residential setting to provide specialized services to individuals experiencing a traumatic brain injury with complex medical and behavioral needs.	\$1.5 M – GFS \$2.9 M – Total	\$1.5 M – GFS \$2.9 M – Total	Not funded	Strong Support – WSHA priority
Washington State Institute for Public Policy study on the need for developing specialized long-term services and supports for adults with traumatic brain injuries.	Not funded	Not funded	\$552,000 – GFS/Total	
Increase rates for providers of home and community-based services who serve Medicaid clients.	\$80.5 M – GFS \$153.7 M – Total	Not funded	Not funded	Support
Increase rates for skilled nursing facilities that serve Medicaid clients.	\$55.4 M – GFS \$110.8 M – Total	\$107.4 M – GFS \$218.2 M – Total	\$116.7 M – GFS \$240 M – Total	Support
Increase rates for assisted living facilities that serve Medicaid clients.	\$69.2 M – GFS \$146 M – Total	\$34.8 M – GFS \$73.7 M - Total	\$44.4 M – GFS \$94.8 M – Total	Support

Enhanced rate pilot for providers who take specialized training to better serve clients with complex support needs to reduce unnecessary hospitalization of children and adults with intellectual & developmental disabilities.	\$6 M – GFS \$11.9 M – Total	\$5.2 M – GFS \$10.4 M – Total	\$5.2 M – GFS \$10.4 M – Total	Strong Support – WSHA priority
Specialty adult family home (AFH) pilot for up to 400 clients served by providers that specialize in serving individuals with intellectual or developmental disabilities with co-occurring conditions.	\$6.1 M – GFS \$13.3 M – Total	\$6 M – GFS \$13.3 M – Total	\$3.3 M – GFS \$6.9 M – Total	Strong Support – WSHA priority
Development Disability Administration behavior stabilization program to expand capacity for 10 diversion beds and mobile diversion services, as well as increase the rate for service providers.	\$6.8 M – GFS \$11 M – Total	\$6.8 M – GFS \$11 M – Total	\$6.8 M – GFS \$11 M – Total	Strong Support – WSHA priority
New program with 33 slots for people with developmental disabilities who are transitioning out of acute care and not eligible for federally funded programs due to their immigration status .	\$5.8 M – GFS/Total	\$5.8 M – GFS/Total	\$5.8 M – GFS/Total	Strong Support – WSHA priority
Increased rates for assisted living facilities that serve Medicaid clients with intellectual/developmental disabilities.	\$1 M – GFS \$2.3 M – Total	\$626,000 – GFS \$1.4 M – Total	\$784,000 – GFS \$1.8 M – Total	Support
Increased rates for community residential services , including individualized support services and administrative components, that serve Medicaid clients with intellectual/developmental disabilities.	Not funded	\$35.1 M – GFS \$70.9 M – Total	Not funded	
DSHS funding to increase the capacity of the LTC Ombuds Program to meet the service demands.	\$2.4 M – GFS/Total	\$2.4 M – GFS/Total	\$1.2 M – GFS/Total	
Operating cost for with the phase-in of 64 beds in enhanced services facilities and 107 specialized dementia care beds established through the 2021-23 capital budget for behavioral health providers.	Not funded	Not funded	\$14.7 M – GFS \$29.6 M – Total	
Increase to daily rate for enhanced service facilities .	Not funded	\$7.8 M – GFS \$15.7 M – Total	\$6.5 M – GFS \$13.1 M – Total	
Increase for specialty dementia care rates for assisted living providers .	Not funded	\$20.4 M – GFS \$42.4 M – Total	\$11.7 M – GFS \$24.8 M – Total	

Convert from flat rate to add on rate for nursing homes for specialty behavior services, ventilator, and tracheotomy management . House includes traumatic brain injury daily rate increase.	Not funded	\$4.8 M – GFS \$9.7 M – Total	\$1.9 M – GFS \$3.9 M – Total	
Continued use of Klamath Cottage as short-term option for individuals with developmental disabilities who are ready to discharge from an acute care or state hospital and do not have an immediate placement available.	Not funded	\$4.5 M – GFS/Total	\$4.5 M – GFS/Total	
Provider training & support pilot for community residential providers and to support providers in locating affordable housing for individuals with developmental disabilities.	Not funded	\$802,000 – GFS \$1.5 M – Total	\$802,000 – GFS \$1.5 M – Total	
Planning for enhanced behavior support specialty contract to provide intensive behavioral services to adults with intellectual and developmental disabilities in community residential settings.	Not funded	Not funded	\$155,000 – GFS \$276,000 – Total	

Health care staffing and workforce investments

Budget Item Description	Governor's budget (12/14/22)	House proposal (3/27/23)	Senate proposal (3/23/23)	WSHA Position
DOH to implement SSB 5499 (Multistate nurse licensure compact).	N/A	Not funded	\$1.2 M – Total	Strong support
DOH to conduct rulemaking requiring nursing pools to register and disclose corporate structure and ownership as provided in SSB Bill 5547 (Nursing pool transparency).	Not funded	Not funded	\$55,000 – GFS \$107,000 – Total	Strong support
Funding to hire additional faculty and staff to serve additional students in the EWU Bachelor of Science in Nursing (BSN) degree program.	\$4.6 M – GFS/Total	\$4.6 M – GFS/Total	\$4.6 M – GFS/Total	Support
Funding is provided to increase the number of nursing slots in the community college system.	\$3.6 M – GFS/Total	\$3.6 M – GFS/Total	\$3.6 M – GFS/Total	Support
Expenditure authority for the Nursing Care Quality Assurance Commission (NCQAC) to increase staffing	\$2.2 M – Total	\$2.3 M – GFS/Total	\$2.3 M – Total	Support

levels to meet increased demand for nursing licensure/updates to policies and regulatory framework.				
Funding is provided to increase nurse educator salaries to support the College of Nursing's reaccreditation effort. (WSU)	\$4.4 M – GFS/Total	\$3.9 M – GFS/Total	\$3.9 M – GFS/Total	Support
Funds to administer a grant program for support services in apprenticeship programs, including those in the clean energy sector.	\$2.0 M – GFS \$4.5 M – Total	Not funded	Not funded	Support
Funding to Labor & Industries, DOH, Attorney General's Office and the Office of Administrative Hearings for implementation of E2SSB 5236 (hospital staffing standards). Study conducted by the Washington Institute for Public Policy.	N/A	Not funded	L&I: \$5.29 M – Total DOH: \$1.0 M – Total AGO: \$1.1 M – Total OAH: \$31,000 – Total Study: \$163,000 GFS	
Implementation of the high school certified nursing assistant pilot and the licensed practical nurse apprenticeship programs , and rulemaking of E2SSB 5582.	Not funded	Not funded	\$1.2 M – GFS/Total	Support
Continued support for additional nursing slots in the existing accelerated Bachelor of Science in Nursing program at the Seattle campus. Senate also provides funding for the School of Nursing and Healthcare Leadership at the Tacoma campus. (UW)	Not funded	\$742,000 – GFS/Total	\$742,000 – GFS/Total	
Expansion of the psychiatry and family medicine residency programs , and child and adolescent psychiatry fellowship positions (UW). House budget does not include \$2M for family medicine residency program.	Not funded	\$426,000 – GFS/Total \$1.2 M – GFS/Total	\$426,000 – GFS/Total \$1.2 M – GFS/Total \$2 M – GFS/Total	
Expansion of the number of rural physician residencies . (WSU)	Not funded	\$2 M – GFS/Total	Not funded	
DOH to contract with the central nursing resource center to gather data to assess current clinical placement practices and identify policy options and recommendations to help increase the number of clinical placement opportunities .	Not funded	Not funded	\$560,000 – GFS/Total	Support
State Board for Community and Technical Colleges to develop a plan to train more nurses and design and	Not funded	Not funded	\$882,000 – GFS/Total	

implement an online curriculum and pathway to earn a licensed practical nursing credential, as provided in ESSB 5582 (Nurse supply)				
Workforce Training and Education Coordinating Board to award incumbent healthcare worker training matching grants to labor-management partnerships.	Not funded	Not funded	\$2.0 M – GFS/Total	
Pilot program to make \$3,000 behavioral health apprenticeship stipends available to students. (student achievement)	Not funded	\$500,000 – GFS/Total	Not funded	
One-time funding is provided for increasing loan repayment awards within the Behavioral Health Loan Repayment Program. (student achievement)	Not funded	\$10 M – A-Non-Appr/Total	Not funded	
One-time funding to loan repayment awards within the Washington Health Corps program. (student achievement)	Not funded	\$10 M – GFS/Total	Not funded	
Establish a public health degree with a behavioral health focus at the Pullman and Spokane campuses. (WSU)	Not funded	\$1.4 M – GFS/Total	Not funded	
Nurse Preceptorship Grant Program	Not funded	\$6 M – GFS/Total	Not funded	

Behavioral health investments

Budget Item Description	Governor's budget (12/14/22)	House proposal (3/27/23)	Senate proposal (3/23/23)	WSHA Position
Children in crisis funding for HB 1580, which creates a Multisystem Care Coordinator within the Office of the Governor and a Rapid Care Team composed of representatives from multiple agencies including DCYF	Not funded	\$3.5 M – GFS/Total	Not funded	
Crisis stabilization facilities. This includes funding for 23-hour behavioral health crisis facilities.	\$16.8 M – GFS \$30.5 M – Total	\$13.1 M – GFS \$26.7 M – Total	\$26.9 M – GFS \$48.4 M – Total	Strong Support

Rebases per diem rates paid for hospital based inpatient psychiatric beds.	\$14.8 M – Total \$52.1 M – Total	\$14.8 M – GFS \$52.1 M – Total	\$14.8 M – GFS \$52.1 M – Total	Strong support
Maintains the Intensive Outpatient/Partial Hospitalization pilot sites at the FY 2022 contracted levels and shifts these services to a Medicaid benefit beginning in CY 2024.	\$9.3 M – GFS/Total	\$1.9 M – GFS \$8.6 M – Total	\$1.1 M – GFS \$7.5 M – Total	Strong Support
Increases Children’s long Term Inpatient Program (CLIP) bed rates.	\$6.9 M – GFS \$13.9 M – Total	\$3.5 M – GFS \$6.9 M – Total	\$3.4 M – GFS \$6.9 M – Total	Strong support
Funding is adjusted for changes in utilization and the cost of providing long-term involuntary inpatient treatment in a community setting. Assumes the number of community beds will increase to 300 by the end of FY2024 and 316 by the end of FY 2025.	\$196,000 – GFS \$8.1 M – Total	\$1.5 M – GFS \$7.6 M – Total	\$1.5 M – GFS \$7.6 M – Total	
Expands youth inpatient navigator teams into other geographic regions of the state.	\$3.3 M – GFS \$4 M – Total	HCA: \$4.3 M – GFS \$5.0 M – Total DSHS: \$487,000 – GFS \$850,000 – Total	HCA: \$3.3 M – GFS \$4.0 M – Total DSHS: \$487,000 – GFS \$850,000 – Total	
Operating costs for 15 behavioral health facilities that were funded in prior capital budgets. It is assumed that 57 beds will come online in FY 2024, increasing to 177 beds in FY 2025 and 294 beds by the end of FY 2027. The facilities include a mix of intensive behavioral health, peer respite, secure withdrawal and management, and substance abuse residential treatment providers.	Not funded	\$16.4 M – GFS \$35.7 M – Total	\$16.4 M – GFS \$35.7 M – Total	

Civil conversion bed capacity for 60 additional beds	\$18.9 M – GFS \$21.1 M – Total	Not funded	Not funded	
Funding is provided to enhance rates for civil conversion patients at two pilot civil commitment sites.	Not funded	Not funded	\$10.3 M – GFS/Total	
Civil conversion rate enhancement for all hospital and non-hospital facilities serving this population except those whose rates are set at 100% of their most recent Medicare cost report.	Not funded	\$3.5 M – GFS \$9 M – Total	Not funded	
Funding is provided for HCA to pay for 16 beds at a civil commitment facility being developed in Stanwood beginning in October 2024.	\$1.7 M – GFS \$3.7 M – Total	\$1.7 M – GFS \$3.7 M – Total	\$1.7 M – GFS \$3.7 M – Total	
MCO behavioral health provider rate increase as of Jan. 1, 2024. <i>Senate budget specifies a 7% rate increase; House budget specifies a 15% rate increase for non-hospital providers.</i>	\$52.2 M – GFS \$150.2 M – Total	\$95.3 M – GFS \$267.7 M – Total	\$44.5 M – GFS \$124.9 M – Total	Support
Maintains and increases access to behavioral health services for Medicaid patients through a 7% increase to fee-for-service provider rates for specified services.			\$2.1 M – GFS \$6.2 M – Total	Support
Funding for non-Medicaid/state only services to address behavioral health service needs that cannot be paid for with Medicaid funds including designated crisis responders, involuntary treatment hearing court costs, and services to low-income individuals who are not eligible for Medicaid. <i>House budget specifies a 15% rate increase.</i>	\$22.3 M – GFS/Total	\$67.7 M – GFS/Total	Not funded	Support
Creates an emergency department bridge program for emergency departments to support staffing, clinical consultation for SUD, and linkage to recovery support services and services following acute SUD events.	\$3 M – Total	Not funded	\$3 M – Total	Support
Creates a program that would allow for extended post-delivery hospital care for persons with SUD at the time of delivery.	\$3.8 M – Total	Not funded	\$3.5 M – GFS \$7.0 M – Total	Support

New programs and strategies funded by opioid settlement agreements include, but are not limited to: <ul style="list-style-type: none"> • Tribes and Indian health programs • Neonatal abstinence services • Harm reduction education • Pre-trial diversion opportunities • Non-Medicaid reimbursable services 	Not funded	\$62.2 M – Total	Not funded	
Administration funds for DOH programs and strategies funded by opioid settlement agreements .	Not funded	\$2 M – Total	Not funded	
Administration funds for HCA programs and strategies funded by opioid settlement agreements .	Not funded	May be funded in opioid settlement package	\$3.1 M – Total	
Implement strategies identified in the state opioid response plan that address the needs of pregnant and parenting individuals with opioid use disorder and for the treatment of infants born with neonatal abstinence syndrome.	\$2.7 M – Total	\$400,000 – Total	\$4.6 M – GFS \$9.4 M – Total	
Increases access to harm reduction programs and supplies, including the purchase of naloxone and safe usage supplies. Legislation will be proposed to create the new account.	\$3.8 M – Total	\$5.0 M – Total	\$3.8 M – Total	
Establishes health engagement hubs to provide health care and social services for people who use drugs. The six hubs will offer access to physical and behavioral health care, low barrier buprenorphine, care coordination, reproductive health, and linkages to community recovery supports.	\$6.7 M – Total	May be funded in opioid settlement package	\$6.7 M – Total	
Expands opioid treatment program facilities with opportunities available to areas disproportionately impacted by the opioid epidemic.	Not funded	May be funded in opioid settlement package	\$3.8 M – Total	
Applied Behavioral Analysis rate increases and training	\$5.4 M – GFS \$10.6 M – Total	\$5.4 M – GFS \$10.6 M – Total	\$5.4 M – GFS \$10.6 M – Total	

Enhances the crisis service system to better align with best practices for crisis services.	\$101.3 M – Total	\$5.7 M – Total (HCA) \$1.2 M – Total (UW) \$9.2 M – Total (DOH)	Not funded	
Funding and staffing for a technology platform to expand the 988 behavioral health crisis response and suicide prevention services.	\$24.6 M – Total	\$24.6 M – Total	\$13.7 M – Total	
One-time funding to support the faculty costs for delivering behavioral health care to patients in long-term civil commitment beds and to teach future mental health professionals at the Behavioral Health Teaching Facility (BHTF) slated to open in 2024.	\$6.6 M – GFS/Total	\$4.9 M – Total	\$6.6 M – GFS/Total	
Trueblood funding (all categories combined)	\$29.5 M – GFS/Total	\$37.5 M – GFS \$37.6 M – Total	\$34.9 M – GFS \$40 M – Total	
UW 90/180 inpatient beds	\$23.8 M – Total	\$21.2 M – GFS \$51.3 M – Total	\$23.8 M – Total	
UW short term behavioral health beds	\$10.3 M – Total	\$10.3 M – Total	\$10.3 M – Total	
One-time funding to implement SSB 5189 (Behavioral health support) which establishes behavioral health support specialists .	Not funded	Not funded	UW: \$157,000 GFS/Total HCA: \$332,000 – GFS \$465,000 – Total DOH: \$332,000 – GFS \$465,000 – Total OIC: \$12,000 – Total	
Implementation of ESB 5130 (Assisted outpatient treatment).	Not funded	Not funded	\$2.4 M – GFS \$3 M – Total	
The Partnership for Success (PFS) program provides services that address underage drinking, cannabis/tobacco prevention, and opioid/prescription drug misuse among individuals between the ages of 12 and 25.	\$4 M – Total	Not funded	\$4 M – Total	

Ongoing funds for expenses associated with credentialing, inspections, assistance and program administration for licensed psychiatric beds.	Not funded	\$1.7 M – Total	\$1.7 M Total	
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Other relevant investments

Budget Item Description	Governor’s budget (12/14/22)	House proposal (3/27/23)	Senate proposal (3/23/23)	WSHA Position
One-time bridge grants to hospitals in financial distress	Not funded	\$8 M – GFS/Total	\$4 M – GFS/Total	Support
Funding to DOH for collaboration with the Washington Medical Coordination Center to create an implementation plan for real-time bed capacity and tracking for hospitals.	\$200,000 – GFS/Total	\$200,000 – GFS/Total	\$200,000 – GFS/Total	
Newborn screening fee increase in Medicaid payment to hospitals for all Medicaid-covered births to offset an increase in the newborn screening fee.	Not funded	\$342,000 – GFS \$1.2 M – Total	\$207,000 – GFS \$710,000 – Total	Support
30% increases to composite Medicaid payment rate for kidney dialysis services	Not funded	\$3.3 M – State \$6 M – Total	Not funded	Support
Expansion of Apple Health (Medicaid-like program) to undocumented Washingtonians.	\$18.9 M – GFS/Total	\$87.6 M – GFS/Total \$7.3 M – GFS/Total for BH	Not funded	Support
Increases Medicaid service and mileage rates for air ambulance transport.	Not funded	\$2.4 M – GFS \$7.5 M – Total	\$6.4 M – GFS \$20 M – Total	Neutral
Increase service and mileage rates for emergent and non-emergent ground ambulance transportation.	Not funded	\$4.2 M – GFS \$13.2 M – Total	\$4.7 M – GFS \$14.7 M – Total	
2% increase in Medicaid primary care provider payment rates.	Not funded	Not funded	\$2.1 M – GFS \$6.2 M – Total	
Effective July 1, 2024, increases Medicaid payment rate for certain service categories of professional services to either 50% of 70% of the corresponding Medicare payment rate for the service as of January 1, 2021	Not funded	\$19.7 M – State \$67.9 M – Total	Not funded	
OIC study on health provider contracting and health insurance affordability (regarding SB 5393).	N/A	Not funded	\$250,000 – GFS/Total	

Funding to investigate hospital complaints more quickly and clear a backlog that developed during the COVID-19 pandemic.	\$2 M – GFS \$2.7 M – Total	\$2.0 M – GFS \$2.7 M – Total	\$2 M – GFS \$2.7 M – Total	Support
Continuation of public health technology , sustainment of information technology that was utilized during the COVID-19 pandemic.	\$17.8 M – GFS/Total	\$17.8 M – GFS/Total	\$17.8 M – GFS/Total	Support
Office of Crime Victims Advocacy funding for crime victim service providers , consistent with federal Victims of Crime Act funding.	Not funded	\$41.3 M – GFS/Total	Not funded	
Statewide medical logistics center to house personal protective equipment and a 60-day inventory of supports for public health and health care response.	\$7.4 M – GFS \$14.3 M – Total	\$7.4 M – GFS \$14.3 M – Total	\$7.4 M – GFS \$14.3 M – Total	
Aligns eligibility requirements for pregnant people and children at 210% of the federal poverty level , updates maternity supports, and creates a post-delivery transitional care program for people with substance use disorder (E2SSB 5580).	Not funded	Not funded	\$3.5 M – GFS \$7.0 M – Total	Support
Reimbursement for abortion clinics ; workforce retention and recruitment incentives; and grant funding for provider training.	\$15 M – GFS/Total	\$15 M – GFS/Total	\$15 M – GFS/Total	
One-time funding to continue of the telehealth collaborative .	Not funded	\$100,000 – GFS/Total	\$100,000 – GFS/Total	
Expands the Birth Equity Project /other initiatives to support prenatal and perinatal health.	\$3.2 M – GFS/Total	\$2.3 M – GFS/Total	\$3.2 M – GFS/Total	
Grants for energy audits to help public building owners, including public hospital districts , understand energy usage and ways to use energy more efficiently and cost effectively.	\$20.6 M – Total	\$20.6 M – Total	\$20.6 M – GFS/Total	
Expand tobacco, vapor product and nicotine prevention and treatment strategies.	Not funded	Not funded	\$5 M – GFS \$5 M – Total	
COVID-19 response activities including the distribution of testing supplies, vaccinations, and overseeing vaccination related logistics and distribution.	Not funded	\$0 – GFS \$20 M – Total	Not funded	